

अनुसूचि के आदाय पर आवेदन करने का शालम-2

क्रमांक	नाम	पत्रमान	ज्ञापन अनुसूचि का नंबर	पुरुष जनाधार / महिला जनाधार का नाम	स्थान वरिष्ठता का नाम	स्थान वरिष्ठता का नाम	पुरुष के बाद निकले अवधारी अनुसूचि किया गया है	टिप्पणी
1	2	3	4	5	6	7	8	9
1.	प्रभुल भाटाणे का प्रभुल भाटाणे	प्रभुल भाटाणे का प्रभुल भाटाणे	प्रभुल भाटाणे का प्रभुल भाटाणे	प्रभुल भाटाणे का प्रभुल भाटाणे	प्रभुल भाटाणे का प्रभुल भाटाणे			
2.	साहस्रार्थ खण्ड, छत्तीसगढ़ी।	साहस्रार्थ खण्ड, छत्तीसगढ़ी।	साहस्रार्थ खण्ड, छत्तीसगढ़ी।	साहस्रार्थ खण्ड, छत्तीसगढ़ी।	साहस्रार्थ खण्ड, छत्तीसगढ़ी।	साहस्रार्थ खण्ड, छत्तीसगढ़ी।	साहस्रार्थ खण्ड, छत्तीसगढ़ी।	साहस्रार्थ खण्ड, छत्तीसगढ़ी।
3.	श्रीमद्भूमि, चत्तीसगढ़ी।	श्रीमद्भूमि, चत्तीसगढ़ी।	श्रीमद्भूमि, चत्तीसगढ़ी।	श्रीमद्भूमि, चत्तीसगढ़ी।	श्रीमद्भूमि, चत्तीसगढ़ी।	श्रीमद्भूमि, चत्तीसगढ़ी।	श्रीमद्भूमि, चत्तीसगढ़ी।	श्रीमद्भूमि, चत्तीसगढ़ी।
4.	प्राप्ति, नीमिताल।	प्राप्ति, नीमिताल।	प्राप्ति, नीमिताल।	प्राप्ति, नीमिताल।	प्राप्ति, नीमिताल।	प्राप्ति, नीमिताल।	प्राप्ति, नीमिताल।	प्राप्ति, नीमिताल।
5.	प्रियांका, नेत्रनाल।	प्रियांका, नेत्रनाल।	प्रियांका, नेत्रनाल।	प्रियांका, नेत्रनाल।	प्रियांका, नेत्रनाल।	प्रियांका, नेत्रनाल।	प्रियांका, नेत्रनाल।	प्रियांका, नेत्रनाल।
6.	प्राप्ति, अलोक।	प्राप्ति, अलोक।	प्राप्ति, अलोक।	प्राप्ति, अलोक।	प्राप्ति, अलोक।	प्राप्ति, अलोक।	प्राप्ति, अलोक।	प्राप्ति, अलोक।
7.	प्रियंका, अलोक।	प्रियंका, अलोक।	प्रियंका, अलोक।	प्रियंका, अलोक।	प्रियंका, अलोक।	प्रियंका, अलोक।	प्रियंका, अलोक।	प्रियंका, अलोक।
8.	प्राप्ति, चत्तीसगढ़ी।	प्राप्ति, चत्तीसगढ़ी।	प्राप्ति, चत्तीसगढ़ी।	प्राप्ति, चत्तीसगढ़ी।	प्राप्ति, चत्तीसगढ़ी।	प्राप्ति, चत्तीसगढ़ी।	प्राप्ति, चत्तीसगढ़ी।	प्राप्ति, चत्तीसगढ़ी।
9.	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।
10.	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।	प्रियंका, चत्तीसगढ़ी।

नोट- कोर्ट चलाया-07 में बाजाय गए आवाय के लकड़ी में सहम सह दो नियता द्वाया पर उत्तमाधिक उत्तम लकड़ी अविद्या होना, तभी एक जो धारा के अन्यान्य लाय दिया जा सकता है।

५०१३

अनुसूचि (नियता)

प्राप्ति राजा, चत्तीसगढ़ी  
प्राप्ति अलोक चत्तीसगढ़ी

१०१२६

उत्तम (नियता)

प्राप्ति अलोक चत्तीसगढ़ी।  
प्राप्ति अलोक चत्तीसगढ़ी।

POORAN CHANDRA JOSHI, 61YRS/M  
REFERRED BY: DR. ADITYA SARIN

Department of Nuclear Medicine & PET CT  
Sir Ganga Ram Hospital, New Delhi-110060  
011-42251844/45/46/47, PET: 9958349756  
info@mahajanimaging.com  
www.mahajanimaging.com  
CIN : U85199DL1999PTC101010



JANUARY 21, 2023  
UID No. 3057776

### WHOLE BODY FDG PET CECT SCAN

Whole body FDG PET CT scan was performed from the vertex to mid thigh on a GE Discovery SPECT PET CT system without breath hold instruction following intravenous injection of ~ 0.15 mCi/kg of  $^{18}\text{F}$ -Fluorodeoxyglucose through an IV line. Patient was asked to rest quietly for 60 +/- 15 minutes in a shielded room to allow tracer to accumulate in the body. High resolution CT scan was performed during this examination on a 32 slice/Sec MDCT with intravenous injection of non ionic contrast - (Iohexol 70 ml) followed by PET images. Additional breath hold CT was performed for evaluation of the lungs. The semiquantitative analysis of FDG uptake was performed by calculating SUV (Standardized uptake value) corrected for the administered dose and patient body weight. The creatinine level of the patient was 0.53 mg/dl and blood sugar level was 158 mg/dl at the time of tracer injection. No adverse reaction was observed during the scan.

Patient is a follow up case of carcinoma stomach, post multiple cycles of chemotherapy. PET CT scan is being done for further evaluation. Previous FDG PET CT scan dated 22<sup>nd</sup> August 2022 is available for comparison.

The overall biodistribution of FDG is within normal physiological limits.

**Brain:** The brain parenchyma is unremarkable with normal FDG biodistribution. No significant focal lesion or abnormal focal FDG uptake noted.

*It may kindly be noted that all brain metastases may not be apparent on a PET CT scan and an MRI head may be performed where clinically indicated.*

**Head & Neck:** *Diffusely increased FDG uptake in the bilateral parotid glands and bilateral submandibular gland, likely inflammatory.*

The thyroid gland is unremarkable with normal homogenous attenuation on CT scan and no abnormal FDG uptake.

*Few persistent non FDG avid subcentimeter sized bilateral level II cervical lymph nodes are noted.*

*Few persistent non FDG avid subcentimeter sized bilateral level I axillary lymph nodes are noted with preserved fatty hilum.*

**Thorax:** *Diffuse emphysematous changes are noted involving bilateral lungs. Non FDG avid subcentimeter sized calcified fibronodular lesion is noted in the lower lobe of left lung. Non FDG avid atelectatic changes are noted in the lower lobe of left lung. Rest of the lung fields are clear. There is no evidence of any significant FDG avid parenchymal or pleural lesions.*

*Few mildly FDG avid upto centimeter sized right paratracheal, aortopulmonary window and subcarinal and bilateral hilar lymph nodes are noted, likely inflammatory.*

**Abdomen:** *The liver is enlarged, measuring approximately 17.9 cm in maximum craniocaudal extent. No evidence of any FDG avid focal parenchymal lesion. No significant dilatation of IHBVR is seen. Major hepatic vascular channels do not show any significant abnormality. The gall bladder is unremarkable (USG is the modality of choice to rule out GB stones).*

POORAN CHANDRA JOSHI, 61YRS/M

REFERRED BY: DR. ADITYA SARIN

JANUARY 21, 2023

UID NO. 3057776

The spleen is unremarkable and demonstrates normal physiological FDG uptake. No focal lesion is seen. The pancreas appears unremarkable with no abnormal FDG uptake. Both adrenal glands are unremarkable with no evidence of any abnormal FDG uptake. Bilateral kidneys are unremarkable with no evidence of any abnormal FDG uptake.

Mildly FDG avid (SUV<sub>max</sub>-2.0) heterogeneously enhancing circumferential mural thickening is noted involving the anteropyloric region of the stomach causing mild luminal compromise. The lesion extends for the length of approximately 4.0 cm with maximum mural thickness of approximately 1.5 cm.

Mildly FDG avid diffuse and nodular omental and peritoneal thickening and stranding is noted with few ill defined mildly FDG avid soft tissue deposits noted in the abdomen and pelvis abutting the adjacent bowel loops and the anterior abdominal wall.

*Increased FDG uptake is noted in the gastro-esophageal junction, likely inflammatory.* The opacified small bowel and large bowel loops are unremarkable. No significant FDG avid abdominal or pelvic lymphadenopathy is seen. No significant loculated / free fluid is seen in the abdomen or pelvis. The urinary bladder is partially distended and is unremarkable. The prostate is unremarkable.

Skeleton: Degenerative changes are noted in the spine. Diffuse osteopenia noted in the visualized bones with no evidence of any abnormal FDG uptake.

**OPINION:** FDG PET CT scan findings are suggestive of mildly FDG avid heterogeneously enhancing circumferential mural thickening involving the anteropyloric region of the stomach, likely residual primary mitotic disease with mildly FDG avid diffuse and nodular omental & peritoneal thickening and stranding with few ill defined mildly FDG avid soft tissue deposits in the abdomen and pelvis abutting the adjacent bowel loops and the anterior abdominal wall, likely metastatic. Suggested: Histopathological correlation.

As compared to the previous PET CT scan dated 22<sup>nd</sup> August 2022;

- FDG avid stomach lesion shows reduction in FDG avidity
- FDG avid omental and peritoneal thickening and stranding and FDG avid soft tissue deposits show reduction in extent and FDG avidity

Please correlate clinically.

(Please note: <sup>18</sup>FDG PET CT scan cannot differentiate between mitotic and infective pathology. Histopathology is suggested for confirmatory diagnosis).

Dr. Ritu Verma  
Sr.Consultant & HOD

Dr.Ethel S Belho  
Sr.Consultant

Dr. Kumar Gaurav  
Resident

\*Dr. Sunil Gadde  
Resident

(Please carry report and CD on your next visit for comparison).  
(In case of any typographical error please inform immediately and get it corrected within 7 days).



ted: 22/2/23

TO WHOSOEVER IT MAY CONCERN

Respected Sir/Madam

Purn Chandra Joshi

This is to certify that Mr./Mrs. .... has been diagnosed as  
Age/Sex..... MR No. .... has been diagnosed as  
CA. stomach (Myc.D.)

Patient is receiving treatment at our Centre. Patient has been advised:

CSC, KFT, CT, TSH

D.P.D. consultato

Daycare admn for cycle 9 chemo

Next appointment on 15/3/23

Kindly give permission for the same.

Dr. K.M.PARTHASARATHY  
MBBS,MD,DM (Med.Oncology),ECMO  
Sr.Consultant-Medical Oncology  
CVC Reg. No.48481  
Dharamshila Narayana  
PARTHASARATHY

DR. K.M.PARTHASARATHY  
Sr.CONULTANT(MEDICAL ONCOLOGY)  
MD(INTERNAL MEDICINE.), DM (MEDICAL ONCOLOGY), ECMO.  
DHARAMSHILA NARAYANA SUPER SPECIALITY HOSPITAL & RESEARCH CENTRE, DELHI-110096

self addressed  
Raj

T. CAPECITABINE

500mg

(3-2) x 14 days on,  
2 days off

IN 090 YTA 360g D,



H - 2001 - 6623  
Nov 21, 2020 - Nov 20, 2023  
Since Nov 21, 2008



Dated: 5/3/2013

TO WHOSOEVER IT MAY CONCERN

Respected Sir/Madam

This is to certify that Mr./Mrs.

Age/Sex..... 62/m ..... MR No. .... has been diagnosed as

From Chemotherapy

Patient is receiving treatment at our Centre. Patient has been advised:

CBC, RFT

OPD consultation, cycle 10 for  
Chemotherapy (day care)

Next appointment on

5/4/2013

Cycle 10

Kindly give permission for the same.

DR. K.M. PARTHASARATHY  
Sr. CONSULTANT(MEDICAL ONCOLOGY)  
MD(INTERNAL MEDICINE.), DM (MEDICAL ONCOLOGY), ECMO.  
DHARAMSHILA NARAYANA SUPER SPECIALITY HOSPITAL & RESEARCH CENTRE, DELHI-110096

Dr. K.M. PARTHASARATHY  
MBBS, MD, DM (Med.Oncology),ECMO  
Sr.Consultant-Medical Oncology  
DMC Reg. No. 48461  
Dharamshila Narayana  
Superspeciality Hospital

Dr. K.M. PARTHASARATHY  
MBBS, MD, DM (Med.Oncology),ECMO  
Sr.Consultant-Medical Oncology  
DMC Reg. No. 48461  
Dharamshila Narayana  
Superspeciality Hospital

Dharamshila Narayana Superspeciality Hospital

A Unit of Dharamshila Cancer Foundation and Research Centre

Hospital Reg. No: DHCA/2014 | PHC No: AAMT/004913 | GST No: TAN/AJX00012129

Hospital Address: Dharamshila Marg, Vasant Vihar Enclave, Near New Ashok Nagar Metro Station, Delhi 110096

Tel: +91 11 4309 6666 | E-mail: info.dnch@narayanahospital.org | www.narayanahospital.org



Appointments

1800-309-0309 (Toll Free)

Emergency:

73700-73700

Dated: 5/4/2023

Respected Sir/Madam

This is to certify that Mr./Mrs.

Rupan Chandra Joshi

Age/Sex..... 62 / M..... MR No.....

has been diagnosed as

Carcinoma Stomach (stage IV)

Patient is receiving treatment at our Centre. Patient has been advised:

CBG, RFT

OPD consultation

Day care admission for chemotherapy

Next appointment on ..... 26/4/23

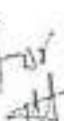
cycle 11

Kindly give permission for the same.

Ty OPDYTA 360 mg (1)  
 (PELTUZUMAB)

T. capecitabine 500 mg (2)

X 14 days → 7d off

for DR. K.M. PARTHASARATHY  


Sr. CONSULTANT(MEDICAL ONCOLOGY)

Dr. K.M. PAR(MEDICAL INTERNAL MEDICINE.), DM (MEDICAL ONCOLOGY), ECMO.

M.B.B.S, M.D. DHARAMSHILA NARAYANA SUPER SPECIALITY HOSPITAL & RESEARCH CENTRE, DELHI-110096  
 Sr. Consultant-Medical Oncology

DMO Reg. No. 43461

DHaramshila Narayana  
 Superspeciality Hospital

*self present  
C.R.*



11 - 2008 - 0023  
 Nov 21, 2010 - Nov 20, 2023  
 Since Nov 21, 2008

ଅର୍ଦ୍ଧାବ୍ଦ ଶେଷ ଆଧେନ କଥା ପ୍ରାଚୀ-୨

Digitized by srujanika@gmail.com

ପର୍ମାନନ୍ଦ [ଜୀବିତ]

અમલાલ (નેતૃત્વબ્યક્તિ)  
નામ - શુપરાણ સિંહ ચાઠા  
જાનમાન - ગુરુત્વારી પ્રાધિકાર

## राज्य चिकित्सा परिषद, उत्तराखण्ड।

— रवारथ्या परीक्षण प्रभाग पत्र —



*महानिदेशक  
प्रभागिता  
आशीष गोदान*

*मुख्य चिकित्साधिकारी / सचिव  
राज्य चिकित्सा परिषद,  
उत्तराखण्ड, देहरादून।*

महानिदेशक, चिकित्सा रवारथ्या एवं परिवार कल्याण, उत्तराखण्ड, देहरादून के पार्श्वम् । पत्रांक-197/8/1/2022/टी०री०/६०५ दिनोंक ०९.०१.२०२३ के भ्रम में राज्य चिकित्सा परिषद उत्तराखण्ड, देहरादून को रामनुज श्री आशीष गोदान उमा लगाना ३३ वर्ष अपने रवारथ्या परीक्षण के दिनोंक १९.०१.२०२३ को उपस्थित हुये।

A CASE OF CHRONIC RENAL DISEASE  
(LGA NEPHROPATHY) NEEDS REGULAR FOLLOW-  
UP. TREATMENT & CHECK-UP.

पाया गया।

*M.M. १९.०१.२०२३*  
(डा० एस०ए० शिंह)  
आशीष गोदान / सदस्य  
राज्य चिकित्सा परिषद,  
उत्तराखण्ड, देहरादून।

*M.*  
मुख्य चिकित्साधिकारी / सचिव,  
राज्य चिकित्सा परिषद  
उत्तराखण्ड, देहरादून।

*कृष्णप्रभागिता*  
*१९.०१.२०२३*

*M.M. १९.०१.२०२३*  
(डा० महेश शर्मा)  
नव राजन / सदस्य  
राज्य चिकित्सा परिषद  
उत्तराखण्ड, देहरादून।

*B.R.*  
महानिदेशक / अध्यक्ष,  
राज्य चिकित्सा परिषद  
उत्तराखण्ड, देहरादून।

Name : Mr. ASHISH CHAUHAN	Collected: 06-07-2021 17:04:00
Lab No. : 308520680 Age : 32 Years Gender: Male	Received: 07-07-2021 17:55:11
A/c Status : P Ref by : Dr. VIVEK RUHela	Reported: 13/07/2021 16:28:18

Report Status: Final

RENAL PATHOLOGY REPORT

- SPECIMEN** : Kidney biopsy panel 1
- CLINICAL HISTORY** : Nephrotic proteinuria, mild renal failure, hypertension.
- GROSS** : 1. Received 2 linear tissue cores measuring 0.3-0.4 cm in formalin.  
2. Received 1 linear tissue core measuring 1.2 cm for DIF studies.  
[Entire tissue : 5469 /21]
- MICROSCOPY** : Multiple sections stained with H&E, PAS, MT, silver methenamine and Congo red include renal cortical parenchymal core containing up to 12 glomeruli, 6(50%) are globally sclerosed. The glomeruli appear enlarged and show diffuse variable (mild) increase in mesangial matrix & cellularity. The peripheral viable glomerular capillaries do not appear thickened. Two (16.6%) glomeruli show segmental tuft sclerosis. There is no evidence of endocapillary cellularity, crescent formation, tubular necrosis, subendothelial/Congophilic deposits or intracapillary thrombi in the visualized glomeruli.
- Tubular atrophy and interstitial fibrosis involve about 20% of sampled cortex. Viable tubules show focally prominent cytoplasmic vacuolar change and patchy mild acute injury. Scattered impregnated hyaline casts are seen in lumen. Focal chronic interstitial inflammation is noted.
- Arteries show medial thickening and intimal sclerosis while arterioles reveal focal subendothelial hyaline lesions.
- DIF** : Tissue for DIF shows up to 7 glomeruli. Following immunofluorescence pattern is

Note: 1. Sample Block can be stored only on receipt of the referring physician after a maximum of 24 hours.  
2. Gross specimen will be retained only for a period of 1 month after the date of reporting.  
3. Consent for publication/document for any other purpose.



2021  
07/07/2021  
09:00

Page 1 of 2

Name : Mr. ASHISH CHAUHAN Collected: 06-07-2021 17:04:00  
Lab No. : 308520680 Age : 32 Years Gender: Male Received: 07-07-2021 17:55:11  
Alt Status : P Ref by : Dr. VIVEK RUHELA Reported: 13/07/2021 16:28:13  
Report Status: Final

observed:

<u>PARAMETER</u>	<u>RESULT</u>
IgA	3+ mesangial; granular/ confluent
IgG	1+ mesangial; granular/ confluent
<u>IgG subclasses</u>	
IgG1	1+ mesangial; granular/ confluent
IgG2	Negative
IgG3	Negative
IgG4	Negative
IgM	Segmental entrapment
C3	1+ mesangial; granular/ confluent
C1q	Negative
Kappa light chains	2+ mesangial; granular/ confluent
Lambda light chains	3+ mesangial; granular/ confluent

IMPRESSION : Kidney, needle biopsy:

1. Mesangioliferative IgA nephropathy associated with segmental tubular sclerosis (FSGS) lesions in 2812 (16.6%) of sampled glomeruli.
  2. MEST scores (*Oxford classification of IgA nephropathy*)\*

Musocutaneous hypercellularity (M-score >0.5): M1

Endogenous human cellularity (absent): E9

Segmental sclerosis (present) S1

Table 2. Atrophy and/or interstitial fibrosis (<25%) T9

Gross cysts (cellular / fibrocellular) (Absent): C9

*e. no other acute bony injury is noted.*

**COMMENTS** : According to the Oxford Classification for IgA nephropathy, scores of M1 and S1 indicate mesangial hypercellularity and segmental glomerulosclerosis, respectively, and by themselves indicate a mildly increased risk of renal functional deterioration. However, M1 and S1 together suggest a considerable risk of renal

Note: / States / Movie can be issued only once after all the reporting surveillance data is submitted for 48 hours.

*\* Firms specializing will be regulated only for a period of 3 years after the date of registration.*

• [View Specimen](#)  
• [View Additional Information for any classification](#)



卷之三

Name : Mr. ASHISH CHAUHAN	Collected: 06-07-2021 17:34:09
Lab No. : 308520680 Age : 32 Years	Received: 07-07-2021 17:55:11
A/c Status : P Ref by : Dr. VIVEK RUMELA	Reported: 07-07-2021 16:28:18
	Report Status: Final

deterioration.

Tubular atrophy/interstitial fibrosis (T) scores of T1 and T2 indicate progressively greater risk of renal functional decline compared with T0, and augment the poorer prognosis associated with M1 and S1.

Endocapillary proliferation (ET), if present, suggests a lesion that may improve with immunosuppressive therapy.

Crescents (cellular / fibrocellular) when present have been shown to be independent predictors of progressive renal impairment and disease outcome.

References :  
 Roberts ISD et al. *Kidney International* (2003) 76, 546-558.  
 Caihan DC et al. *Kidney International* (2009) 76, 514-525.  
 Trapani N et al. *Kidney International* (2017) 93:1614-1621.

HISTOPATH NO : [ LPLB/5489/21 : ET ]

Dr. Shephali Sharma  
MD Pathology (PGD)  
Consultant Renal Pathology & EM  
NRL - Dr Lal Pathology, Ltd.

Dr. Ashish Chauhan  
MD Pathology  
NCD Medical Pathology & CLV  
NRL - Dr Lal Pathology, Ltd.

Note: Case reported by Dr. Shephali Sharma

#### IMPORTANT INSTRUCTIONS

\*Test results released pertain to the specimen submitted. \*All test results are dependent on the quality of the sample assessed by the Laboratory. \*Laboratory investigations are only a tool to facilitate in aiding in a diagnosis and should be clinically correlated by the Referring Physician. \*Sample repeats are accepted on request of Referring Physician within 7 days post reporting. \*Recent delivery may be delayed due to unknown circumstances. Incarceration is reported. \*Certain tests may require further testing at additional cost for deviation of result value. Xerophytic salivary request within 72 hours and reporting. \*Test results may show interlaboratory variations. \*The Council of Medical Boards of India has exclusive jurisdiction in all disputes/claims concerning the health & or results of test(s). \*This report is valid for one year from outside source. \*Contact customer care Tel No. +91-11-39910101 for all queries related to test results. \*Sample should be sent outside source. \*It is not a pathology sample.

Note: 1. Test results will be available on website of the laboratory immediately after completion of analysis.  
 2. Test specimen will be retained only for a period of 3 months after the date of analysis.  
 3. Consult laboratory if repeat test is required.



Page: 1 of 3

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible corrective action.  
 \* Tests conducted at National Reference Lab, New Delhi, a CAP (2121001), NABL, PMR-2713, and ISO 15189 accredited laboratory.

अनुरोध के आधार पर आवेदन करने का प्रारूप-2

हरिहर (कायदावाद्यम) नाम सज्जा ७ में दर्शाये गये आद्यम के संबंध में इसमें इसे लिखा प्रत्याप्त है कि चलाने करना। अनेकों छोटा, उच्च एवं बड़ा के अन्य वर्त लाल दिया जा सकता।

हस्ताक्षर (कार्यिक) ?  
 श्रीमद्भूमि पत्र जोशी  
 नाम— अपर सहायक अभियन्ता  
 पदनाम—

नाम- इ० राजेन्द्र  
पदनाम- अधिकारी

પદ્માન- અર્થિશાસ્ત્રી અર્થિયાત્તો

પદ્માન- અર્થિશાસ્ત્રી અર્થિયાત્તો

11

अनुराग के आवार पर आवेदन करने का प्रारूप-2

15

हरसाहस्र (कवयित्री अद्यता)

नान्द- धीरेन्द्र लिंग पट्ट  
पद्मनाभ- अपर सहायण अभिषेका (सिविल)  
कार्यालय- चंडीगढ़, तोमिनोन्हिं डोवेलाला

हरामपाल (कल्याण अद्यता)  
नाम- हरामपाल  
परिवार- शशीलक्ष्मी आमिनपाल  
गांव- रामगढ़ छप्प, तोंडनिंदि  
१२०५

नाम- श्री द्वारा कुम्हे



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

## Disability Certificate

Issuing Medical Authority, Uttar Kashi, Uttarakhand



Certificate No.: UK0110019880031153

Date: 06/10/2021

This is to certify that I/we have carefully examined Shri Dheerendra Singh Bisht, Son of Shri Ravindra Singh Bisht, Date of Birth 20/06/1988, Age 34, Male, Registration No. 0501/00000/2208/0047938, resident of House No. Massu Post Office Rajghari, Tehsil Barkot, Block Naugaon - 249141, Sub District Rajgarhi, District Uttar Kashi, State / UT Uttarakhand, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of Physical Impairment
- (B) The diagnosis in his case is Physical Impairment
- (C) He has 45%(in figure) Forty Five percent(in words) Permanent Disability in relation to his Spine as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Self Attested  
Sunit

Issuing Medical Authority, Uttar Kashi, Uttarakhand

ପ୍ରକାଶକ ପତ୍ର ୨

Date		Name		Address		Phone No.		Email ID		Category		Status		Actions	
Month	Year	First Name	Last Name	Street	City	State	Zip	Work	Home	Business	Personal	Active	Inactive	Deleted	Block
January	2023	John	Doe	123 Main St	Anytown	CA	90210	(555) 123-4567	(555) 123-4567	John.Doe@work.com	john.doe@personal.com	Active	Inactive	Deleted	Block
February	2023	Jane	Doe	456 Elm St	Anytown	CA	90210	(555) 123-4568	(555) 123-4568	Jane.Doe@work.com	jane.doe@personal.com	Active	Inactive	Deleted	Block
March	2023	Bob	Smith	789 Oak St	Anytown	CA	90210	(555) 123-4569	(555) 123-4569	Bob.Smith@work.com	bob.smith@personal.com	Active	Inactive	Deleted	Block
April	2023	Sarah	Jones	210 Pine St	Anytown	CA	90210	(555) 123-4570	(555) 123-4570	Sarah.Jones@work.com	sarah.jones@personal.com	Active	Inactive	Deleted	Block
May	2023	David	Williams	345 Cedar St	Anytown	CA	90210	(555) 123-4571	(555) 123-4571	David.Williams@work.com	da...@personal.com	Active	Inactive	Deleted	Block
June	2023	Emily	Johnson	567 Birch St	Anytown	CA	90210	(555) 123-4572	(555) 123-4572	Emily.Johnson@work.com	emily.johnson@personal.com	Active	Inactive	Deleted	Block
July	2023	Michael	Allen	789 Maple St	Anytown	CA	90210	(555) 123-4573	(555) 123-4573	Michael.Allen@work.com	michael.allen@personal.com	Active	Inactive	Deleted	Block
August	2023	Amy	Wilson	210 Spruce St	Anytown	CA	90210	(555) 123-4574	(555) 123-4574	Amy.Wilson@work.com	amy.wilson@personal.com	Active	Inactive	Deleted	Block
September	2023	James	Harris	345 Chestnut St	Anytown	CA	90210	(555) 123-4575	(555) 123-4575	James.Harris@work.com	james.harris@personal.com	Active	Inactive	Deleted	Block
October	2023	Sarah	Miller	567 Elm St	Anytown	CA	90210	(555) 123-4576	(555) 123-4576	Sarah.Miller@work.com	sarah.miller@personal.com	Active	Inactive	Deleted	Block
November	2023	David	Anderson	789 Pine St	Anytown	CA	90210	(555) 123-4577	(555) 123-4577	David.Anderson@work.com	da...@personal.com	Active	Inactive	Deleted	Block
December	2023	Emily	Clark	210 Cedar St	Anytown	CA	90210	(555) 123-4578	(555) 123-4578	Emily.Clark@work.com	emily.clark@personal.com	Active	Inactive	Deleted	Block

۱۰

३० निष्पत्ति

卷之三

Office Of The Chief Medical Officer  
Udham Singh Nagar  
Camp Distt. U.S.Nagar

Date 17.10.2011

Certificate No. 5

**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**

This is to certify that Shri/Smt./Kum Arvind Verma,  
son/wife/daughter of Shri Sunit Kumar Verma,  
Age 18 old male/Female, Address Model Colony D-22,  
Kashpur Road Udham Singh Nagar Registration No. 13625 is a case of  
Meningo myelitis with Paraplegia.  
He/She is  
Grade II P.P.T.  
physically disabled/visual disabled/speed & hearing disabled and has 80% Eighty per cent Permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her With body.

**Note:-**

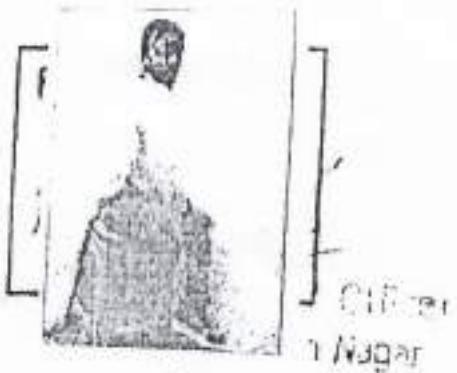
1. This condition is progressive/non-progressive/likely to improve/not likely to improve.
2. Reassessment is not recommended/is recommended after a period of permanent months/years'

\*Strike out which is not applicable.

Sur  
(DOCTOR)  
Seal

Raz  
Sd/-  
(DOCTOR)  
Seal

Sur  
(DOCTOR)  
Seal



Officer  
1 Nagar

Signature/Thumb impression  
of the patient

Chief Medical Officer  
Countersigned by Sur  
Medical Superintendent/CMAO/Head of

# AEYA PATHOLOGY

*Dr. (Mrs.) Smrita Srivastava*  
M.B.B.S., M.D. (Pathology)



STD : 05944  
Ph.: 317425  
7060227977  
9997917012

CLINIC : Civil Lines, Doctor's Colony,  
Rudrapur (Udham Singh Nagar)  
TIME : 8.00 A.M. TO 8.00 P.M.

Name : Mr. Ankush Verma  
Age : 22 Sex : Male

Collection Date : 26/Apr/2023  
Print Date : 26/Apr/2023  
SRL No : 82629

Ref. by Dr. : H.P. Hospital & Treatment Center R.  
Specimen : Urine

Test Name	Patient Value	Normal Value
Hemoglobin (By Cell Counter)	12.4	(12.0 - 15.0 g %) Female
Blood Urea	90	(15 - 45 mg %)
Sc. Creatinine	3.9	(0.2 - 1.4 mg %)

## URINE EXAMINATION

### PHYSICAL

Quantity	- 15 ml	Epithelial Cells	- 2 - 4 / hpf
Colour	- Pale Yellow	Casts	- Nil / hpf
Turbidity	- Present	Crystals	- Calcium Oxalate (+) / hpf
Deposit	- Present	Bacteria	- (+) / hpf

### CHEMICAL

Reaction	- Acidic	Others	- Nil / hpf
p.H	- 6.5		
Protein	- (-)		
Sugar	- Nil		

### MICROSCOPIC

Red Blood Cells	- 4 - 5 / hpf
Pus Cells	- 30 - 40 / hpf
Macrophages	- Nil / hpf

- END OF REPORT -

Pathological tests have Technical Limitations. For any disparity Repeated Examinations are required.  
No legal Liability is accepted Clinical correlation is also requested.

PATHOLOGIST

*Dr. (Mrs.) Smrita Srivastava*  
M.B.B.S., M.D.

**MBBS, MD**  
**DEPARTMENT OF: NEPHROLOGY**

**OPD CARD PRESCRIPTION**

**ALLERGIC DRUG**

Name	Standard	CHID	22P23857
No.	220037062	Age/Sex	22 Yrs M
Mr.	Mr. ANKUSH VERMA	Mobile No.	9411659848
Address	RUDERPUR UDHAM SINGH NAGAR	Print Date	29/Mar/2023 16:05
Diagn.	S/o S. K. SINGH	Valid Upto	04/Apr/2023
Consultant	Dr. RAKESH KUMAR	Serial No.	0037
Patient	500		

130/90 mmHg PULSE: 84 bpm TEMP: 101.6°F WEIGHT: SP02: 97%

Chief Complaint:

Past History:

General well

EST: N  
A: N  
NS: N

Provisional Diagnosis:

Nephritic syndrome

Rx.

(1) Dexamethasone

(2) Cefotaxime

(3) Sodium bicarbonate

(4) Spironolactone

(5) Paracetamol

dv. Investigation:

Urine Protein (+)

RBC - 6-8

pus cells - 35-40

Urea - 6.9

LFT - 38

TOT - 28

B - 165

Protein - 6.8

Albumin - 3.9

Na - 142

Nutritional Need:

Protein - 4.0

A - 5.8

Iut - 137

C + - 4.1

Cal - 85.3

Date:

OPD Closed Every Sunday & National Holiday

5-25

जलादोष का जीवर पर आदतन करने का प्रारंभ २

भालास्कर : मुद्रणीय चिकित्सा परिषद् नेपालाल द्वारा गठित मोडकल थार्ड का उपरोक्त दीपारी से सेवनित प्राप्ति।

हस्ताक्षर (कार्यालय)  
नाम: कमल अलाम  
पठनाम: कवर सहाय्यक अधिकारी  
उपाधि: संस्कृत विद्या विद्युती

१०८ अधिकारी

सामाजिक व्यवहार का अधिकारी  
कर्त्तव्य प्राप्ति करने का लक्ष्य  
नामांकित करने का लक्ष्य  
पदनाम अधिकारी का लक्ष्य  
प्रभावशाली लोगों नियुक्ति करना

प्रक्रम

दूसरों अभियान सही विधिव्यवस्था  
उत्तराखण्ड लोक नियन्त्रित विधिव्यवस्था  
दृष्टिकोण।

दृष्टि उचित माध्यम

गोपनीय कामकाज कार्यालय द्वारा नं. ४०७ / ३१ अधिकारी संघरण संस्कारण, २०२३ दिनांक २०.०४.२०२३

विषय : पिता के गोपनीय मनोन्मुख रूप में बीमार होने के कारण उत्तराखण्ड अधिनियम 2017 की धारा ३ (१) के अन्तर्गत अनिवार्य स्फूर्तिरूप (सुमाप नोटर्सम) से कुट देने का संघर्ष।

महादेव,

उपरोक्त विषयक अवगत कराना है कि उत्तराखण्ड अधिनियम के अन्तर्गत अनिवार्य स्फूर्तिरूप सूमाप में दृष्टिकोण २५.०४.२०२३ की आरी दूरी के क्रमांक २० पर अन्यान्य छह दूरीयाएँ और इन विषयों में से एक है।

महादेव आचक अवगत कराना है कि मेरे पिता में० दृष्टिकोण अस्थाय विनकी आयु ६५ वर्ष के अन्तिम वर्ष में अस्थिय ३, उनका उपरान्त निर्वाचन मानविक विशिष्टताएँ बढ़ती हैं। ६० वर्षों का विवरी वाचकीय विशिष्टताएँ बढ़ती हैं। जो जल्दी रुका है वह उत्तराखण्ड प्रियंकार्य परामर्श उत्तराखण्ड । उपरोक्त की अवधिकारी है।

महादेव यह भी अनन्त कराना है कि मेरे पापन् पाप ०१ अधिकारी अधिकारी, राजीव राजपाणी द्वारा आवाज मिला, हृल्दानी के प्रकार ७०२ / ३ द्वारा दिनांक ०८.०६.२०२२ के बम में मान्यताप्राप्त नीतियां द्वारा निर्दिष्ट गोपनीय दूरा भी मेरे पिता का अस्थाय विशिष्ट जरूरी प्रश्न उत्तर दीनी आ नहोस्त सर्वानिकों आरी करते हुए नियन्त्रित दृष्टिकोण । फौरोंजाप की सलाह ही मही है मैंडिकल बीड़ द्वारा आरी सार्विकर भी प्रहि दीला। उक्त दीला अधिनियम 2017 की धारा ३ (१) के अन्तर्गत गोपनीय सूमाप की बेंगी में लाई है।

महादेव युद्ध अपने पिता के विषयमें इताहाव । सांकेतिक प्रसामर्श हेतु गोपनीय परामर्श द्वारा प्राप्त हुआ है। मेरी भावा पिता का इकठ्ठोपासा एवं अकिञ्चित दुष्प्री है। वह पूरी रूप से मृदा पार ही आया है। विसकी प्राप्तिमत से दूरा ही आया है। मेरे अनन्त देखभाषा करने वाला कभी कहा नहीं है।

अतः महादेव यह विषयक है कि उत्तराखण्ड अधिनियम 2017 की धारा ३ (१) से उपरोक्त अधिकारी अनुसार उत्तराखण्ड द्वारा कुट प्रदान की जा नकली है। अतः आपमे अन्योन्य है तक यह विषय विविधियों को दृष्टिकोण से कुट प्रदान करने की जरूरत कृपा करें। ताकि मेरे आवाजीक दृष्टिकोण का निर्भय करते हुए साक्षीय कामों की भी कूप दृष्टि के साथ कर सकूं। जिस दृष्टि में एवं एवं परिवार जीवन पर्दे आपके आभासी होंगे।

बंधुप्रक

१. विविध विकल्प विषयक, नीतीश द्वारा गोपनीय सूमाप की उपरोक्त वीनारी से जीवित प्रमाण प्राप्त।
२. चैदिगित विकल्पों के वर्ष (७००)
३. चंद्राभित कार्यालय द्वारा दूरा आरी प्राप्त। १०२।

कमीशुल्य  
आदर्शप्रबोधन  
प्रकाशन  
उत्तराखण्ड  
द्वारा

काशीलपुर निकिता बोर्ड-नगराल।

प्रमाणित किया गया है कि मैं एवं दस्तखत करने वाले या उपर्युक्त  
नामों अधिकारी अधिकारी भवानी नाम सहित जापानी लेखनी विवर हस्ताक्षर/उत्तर दिलाने  
की प्रमाणित किये गए हैं। जापानी लिपि इन्हें अनुवाद नहीं कर सकता विवरण या उपर्युक्त नामों  
नाम विवरण 14.06.2022 के प्रमाणित निकिता बोर्ड से बहुत दूर किया गया।

मैं इकायल अठमद के निम्नलिखित विवरान्तर्गत निम्नानुसार संकाय का अधिकारी हूँ।  
इनकी द्वारा प्रत्युत्तर दिलाया जाना चाहिए। यह निकिता बोर्ड-नगराल के अधिकारी का वापसी के लिए आवश्यक है।  
14.06.2022 Date of Issue  
निम्नानुसार आवश्यक सामग्री की जाति है: Needs regular App & treated nut.

मौजूदा अवस्था:

- (१) (गौंड इकायल अठमद)
- (२) प्रमाणिक: श्रीमति श्रीमति

*Bh.*

श्री कम्हे ललम



True copy  
14/06/22

OFFICIAL BOARD  
NAGARAL

*[Signature]*

CHIEF EXECUTIVE OFFICER

*[Signature]*

ON BEHALF OF BOARD

काशीलपुर-नुष्ठा निकिता बोर्ड-नगराल।

फ्राम्स- एस-५/2021-22

प्रतिलिपि- प्रधानमंत्री अधिकारी राष्ट्रीय कर्म सम्बन्ध निकिता बोर्ड-नगराल। दिनांक जून 14, 2022  
2022 = इन में नुस्खार्व प्रियोदय।

*[Signature]*

नुस्खा निकिता बोर्ड-  
नगराल।

नुस्खा निकिता बोर्ड-  
नगराल।

*[Signature]*

## अनुरोध के आधार पर आवेदन करने का प्रारूप-2

Lugum - ३५

क्रमसंख्या	नाम	पदनाम	वर्तमान कार्यालय का नाम	गृह जनपद /रहसील का नाम	स्थानान्तरण हेतु 10 ऐच्छिक स्थान वरीयता का में	एकट की धारा जिसके अन्तर्गत अनुरोध किया गया है	टिप्पणी	
1	2	3	4	5	6	7	8	9
1.	तनुजा राणा गौड़ा आपर सहायक अभियन्ता	आपर सहायक अस्थाइ स्वप्न, तोहनिंदि, भवाली	मैनीलाल	1. भिमांग खण्ड, लो०निंदि, अल्लोडा।  2. प्रांखंडलो०निंदि अल्लोडा।	धारा के नाम के प्रस्तुत साम्यो का विवरण	भवाली में चर्चे 2013 से कार्यरत हैं एवं मुगम से दुर्म में पात्रता में 39 छन में हैं वर्तमान में मेरे पाति श्री मनोज कुमार गौड़ा	प्रांखंडलो०निंदि०निंदि०लो०डा में कॉनिष्ट अभियन्ता (सविदा) पर कार्यरत हैं एवं गुर्दा प्रत्यारोपण की गमीर बीमारी से प्रीत है अतः उपरोक्त परिस्थिति को देखते हुए नेत्र स्थानान्तरण निम्न धाराओं के अन्तर्गत अनुरोध के आधार पर <sup>१</sup> करने की कृपा करें।	
					( ✓ ) धारा 17(1)(ख)(एक) (✓ ) धारा 17(1)(ख)(चार) (✓ ) धारा 17(1)(ख)(सात)	मैडिकल सार्टिफिकेट एवं ट्रॉस्टान्ट से सञ्चाचित प्रस्त्र	गुर्दा प्रत्यारोपण की गमीर बीमारी से प्रीत है अतः उपरोक्त परिस्थिति को देखते हुए नेत्र स्थानान्तरण निम्न धाराओं के अन्तर्गत अनुरोध के आधार पर <sup>१</sup> करने की कृपा करें। धारा 17 (1) (ख) (एक) धारा 17(1)(ख)(चार) धारा 17(1)(ख)(सात)	

नोट— कोलम संख्या-०७ में दर्शाये गये आधार के सम्बन्ध में साधारण तर पर दर्शाया गया वर्तमान प्रमाणि धारागति भलेह करना अनिवार्य होगा, उनी एक धारा के अन्तर्गत ताम दिया जा सकता।

हस्ताक्षर कार्यालय  
2013

नाम— तनुजा राणा गौड़ा  
पदनाम—आपर सहायक अभियन्ता

हस्ताक्षर (कार्यालयालयीकरण)  
२०१३

नाम—इंद्रेनारेश पुढेकर  
पदनाम—अधिकारी अभियन्ता

## मण्डलीय चिकित्सा परिषद—नैनीताल।

प्रमाणित किया जाता है कि श्रीमती तनुजा राणा गैड़ा, अपर राहायक अभियन्ता, कार्यालय— अधिकारी अभियन्ता अस्थाई खण्ड लोक निर्गम विभाग, भवाली (नैनीताल) जिनके उस्ताधर नीथे प्रमाणित किये जा रहे हैं, अपने पति श्री मनोज कुमार गैड़ा द्वारा 33 वर्ष की रखारथ्य परीक्षण हेतु आज दिनांक 02.05.2023 को मण्डलीय चिकित्सा परिषद के समक्ष प्रस्तुत किया गया।

श्री मनोज कुमार गैड़ा, का रखारथ्य परीक्षण जिला चिकित्सालय नैनीताल से कराया गया, साथ ही इनके द्वारा प्रस्तुत चिकित्सा प्रमाण पत्र अपोलो हारिपटल शिल्पी, से प्रदत्त है को संदर्भ में लिया गया।  
परीक्षणोपराना इन्हें CAB of HFC C/CD F Post final  
Autograph Post Transport Policy क्रमांक/वार्षा ग्रन्थांक

इ. श्री मनोज कुमार गैड़ा.)

श्रीमती तनुजा राणा गैड़ा,

PRESIDENT  
MEDICAL BOARD  
NAINITAL

ह० प्रमाणित: सी०एम०ओ०

मुख्य चिकित्साधिकारी  
नैनीताल

MEMBER  
ON MEDICAL BOARD  
NAINITAL

सदस्य  
MEMBER  
ON MEDICAL BOARD  
NAINITAL

## कार्यालय—मुख्य चिकित्साधिकारी, नैनीताल।

पत्रांक:— एम-5/2023-24

दिनांक 02 मई, 2023

प्रतिलिपि— कार्यालय अधिकारी अभियन्ता अस्थाई खण्ड लोक निर्गम विभाग, भवाली (नैनीताल)। को उनके पत्र दिनांक 25.04.2023 के कम में सूचनार्थ प्रेषित।

(B)

मुख्य चिकित्साधिकारी  
नैनीताल

## KIDNEY TRANSPLANT DISCHARGE SUMMARY

Name: Mr. Manej Kumar	UHID: APD1.0010365986
Age: 25 years	IP No. : DELIP18478
Sex: Male	Bed No: 2407
Date of Admission: 04.06.2014	Date of Discharge: 12.06.2014
Primary Consultant :	Unit : Nephrology
Dr. Kallash Nath Singh	

### NEPHROLOGY TEAM:

Sr. Consultant - Dr. Kallash Nath Singh

Clinical Associate - Dr. Pankesh Kr Bharti

### TRANSPLANT SURGEON:

Sr. Consultant - Dr. Sandeep Guleria

### DONOR DETAIL

Name: Mrs. Champa Devi	UHID: APD1.0010365990
Age: 51 years	IP No. : DELIP18513
Sex: Female	Bed No: 2269
Blood Group : 'B' positive	Relationship :Mother

### DIAGNOSIS :

Hypertension for 2 years

CKD stage V

On MHD since 15 days

Any other significant medical illness - None

Previous surgery : None

Voiding complaints : None

Renal Allograft Recipient

Induction : None

Preemptive transplant : None



Allograft biopsy : None

Basic renal disease : IgA nephropathy with crescents

Immunization Against Hep B - No.

Native Kidney urine output : 500 ml/day

**PRE - TRANSPLANT WORK UP:**

Pre transplant weight: 69 kg

**HEMOGRAM:**

Hb : 9.5 gm%      TLC : 4300/cumm      PLT Count : 1.05 lakh/cumm  
ESR : 20 mm 1st hr

**BIOCHEMISTRY:**

Urea / Creatinine: 66 / 4.45      Na / K : 135 / 5.4

Ca / Phos : 8.6 / 5.3

SGOT / SGPT : 35 / 22      T. Protein / Albumin : 5.59 / 2.95

FBS / PPBS: 78 / 109

PTH / SAP: 225 / 73.8

**URINANALYSIS:**

Urine R/M - Albumin 2+

WBC - Nil

RBC - Nil

CASTS - None

Urine C/S : No Growth

24 hours urinary protein - Not done

**SEROLOGY:**

HIV I- II : Non reactive

HCV : Non reactive

HBsAg : Non reactive



India's First Internationally Accredited Hospital  
**Indraprastha Apollo Hospitals**  
Santa Vihar, Delhi - Mathura Road, New Delhi - 110 070 (INDIA)  
Tel: 91-11- 26925858, 26925801, Fax: 91-11-26823629, Emergency Telephone No.: 1199  
Website : [www.apollohospdelhi.com](http://www.apollohospdelhi.com)

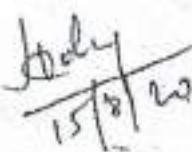
AIIMS RISHIKESH  
DISCHARGE SUMMARY

FOLLOW UP:

- At screening OPD with fresh report of CBC and RFT after 1 week.
- At emergency in case dyspnea, orthopnea, decreased urine output.

SR SIGNATURE

Dr. Himadri Koley



A handwritten signature in black ink, appearing to read "Himadri Koley". Below the signature, the date "15/8/22" is written vertically.

CONSULTANT

Dr. Gaurav Shekhar Sharma/Dr Sandeep Saini

जिसके बाद वह अपनी जाति के सदस्यों को अपनी जाति के सदस्यों के साथ जुड़ा नहीं रह सका। इसके बाद वह अपनी जाति के सदस्यों के साथ जुड़ा नहीं रह सका। इसके बाद वह अपनी जाति के सदस्यों के साथ जुड़ा नहीं रह सका। इसके बाद वह अपनी जाति के सदस्यों के साथ जुड़ा नहीं रह सका। इसके बाद वह अपनी जाति के सदस्यों के साथ जुड़ा नहीं रह सका।

५-२३

କୁଳାମ୍ବୁ  
ନାରୀ - ଆକୁଣିଆ  
ପଦାନ୍ତ - ଶିଖିଯାଇଥିଲା

મદના - ૧૦ પ્રચિશાળી ગ્રાનિએન્ડ

## રાધારાની નરિંગો હોમી

बी.एस.एस. लिलाहा, उत्तरी

## મારી અધ્યાત્મિક સહાયતા

મદ્દગર મંડળ કોર્પુસ  
નાનાંની એવી બોલ રોગ પિશેખાતું

吉：01332-273463

## अ० शीरिका संहारन

第12章

- एसरटर जैव जल को ही बनाते हैं।
  - ऐलिंगों द्वारा बनाये जाते हैं।
  - जलाधार्ह द्रुतगति वाले जलसंचयन सिस्टमों द्वारा बनाये जाते हैं।
  - एसरटर जैव जल को बनाते हैं परन्तु इन जैविक कोशिकाओं द्वारा बनाये जाने वाली जैविक जलसंचयन सिस्टमों द्वारा बनायी जाती है।
  - एसरटर जैविक जलसंचयन सिस्टमों द्वारा बनाया जाता है।
  - इनमें जल सुखारूप द्वारा बनाये जाते हैं।
  - एसरटर जैविक जलसंचयन सिस्टमों द्वारा बनाये जाते हैं।
  - एसरटर जैविक जलसंचयन सिस्टमों द्वारा बनाये जाते हैं।

新編重刊古今圖書集成

210

प्रातः ९:३० से १:३०

लाइसेंस नं. ८००-८७-३०

四百

प्रातः १०:०० से २:००

સ્ક્રાન 5-10 બેચ-30

soft hatching left white  
down left mostly brownish

Arb.  
— Anna Sherry —

*L*  
Reported by 107  
Chrysanthemum  
Flowers

संपादक अमर नारा

Not for Medical Legal Purposes

(*not a first or third person*)

— 24 HOURS

Pain in the spine often due to  
radiological investigations as well,  
orthopaedic advice & management

Indian

Dr. Sudhanshu

Dr. SUDHANSHU SINGH  
MEDICAL OFFICER  
Govt of U.P. India

गोविन्द सिंह माहरा राजकीय चिकित्सालय

रानोरेत (बमोडा)

नियुक्त पद्धति

२०१८/१९/३१

नाम - Tawar Singh ४१० नगरखाड़ा नगर .. ३१.५.१८  
पता - को... प्राचुर्यालय

दिनांक २६/७/१८ (११.०८.१८) उपचार

१० - Fall on ground, white antelope.

Admit

on 28/7/18

संक्षेप

Rep. Chitkari पर वृक्षांशु वाले वन में (L) घुटने

(L) - २५/७/१८  
CNL control P

- upp O/E - swell, (R) (L) chwrt

but diarrhoea Not external signs  
by (L) mouth ??

Adv  
NPN, ECF, Phm

for chwrt

(L)  
swell

Rx - In birds repeat

T. Theineral 5

T. Saccel 6

T. Pol. Dex 6

18-7

1. प्रभ्री के बीच 15 दिनों तक बैठ।

2. डिहाइड्रेशन होने पर और आरएस. थोल का प्रयोग करें।

3. चिकित्सालय में धूधपान न करें वयोवृद्धि को स्वचछा रखें।

4. अत्याधुनिक विधि से मोतियाविन्द के अपिरेशन निः लक किये जाते हैं।

दस्तावेज़



आयोडीन युक्त नमक ही खायें

पंचीकरण घुला 15g

# राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

दिनांक 12/5/

दर्जी नं. 220320

(ग्रामीण पर्ची)

खतंत्रता संग्राम सैनानी श्री धन सिंह अधिकारी साठवा० केब्र द्वाराहाट

दोठी का नाम Tareem Bajaj लिंग M आयु 36

C/O - Loss of shoulder contour.  
(Shoulder dislocation L).

Pt. came to emergency c complain of pain,  
loss of shoulder contour at 7:30 am. cause  
shoulder dislocation.

Rx -

Tab Diclofenac .05.

- Shoulder Brace  
- Keep shoulder in stable position, avoid mor

19 -

Ref to  
orthopaedic  
Pme

Ach  
MRI shoulder  
(L)

Ortho & Pme.  
displacement

✓

अनुरोध के आधार पर आवेदन करने का प्रारूप-2

अनुरोध के अधीक्ष पर आवेदन करने का प्रारूप-2							मिलावा
संख्या	नाम	पदाधि	प्राप्ति कार्य का नाम				
1	2	3	4	5	6	7	8
1	अग्रेस नाम (4227031 3M00355)	अपर संसदीय अधिकारी	प्राप्ति कार्य का नाम प्राप्ति कार्य का नाम				
2							
3							
4							
5							
6							
7							
8							

અનુભૂતિ - ૧

Executive Engineer  
Executive Engineer PWD  
Chakrata

# Office of the Chief Medical Officer, Dehra Dun

No. C.M.O. M-2 PD/2003-2004/4) 3.C

Dated 3-3-2005

NOT FOR MEDICOLEGAL PURPOSE

Handicapped certificate in accordance with GO No. 07-4, Karmik, dated 20-5-78



We examined Shri/Smt. Amit Kumar

Aged about 16 years S/o, D/o, W/o Shri Shyam Lal

R/o 47/2 Dehra Dun U.P. India

Dehradun, whose signature is given below and certify that he/she is case  
of Retinoblastoma Left eye Right eye

Disability is about 25%

We certify that he / she is permanently physically handicapped person.

Amit Kumar

Signature of the candidate.

Attested

Chief Medical Officer, Eye Surg. Doon Hospital  
Dehradun (Chairman)

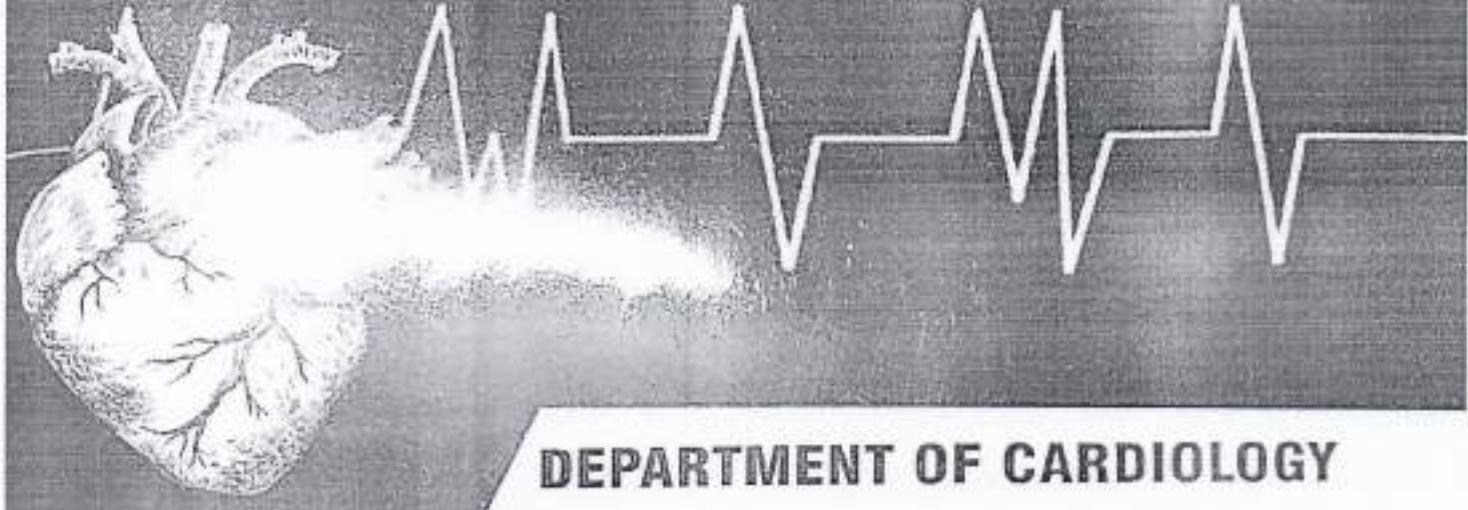
Eye Surg. Doon Hospital  
Dehradun (Member)

Sr. Orth Surg. Doon Hospital  
Dehradun (Member)

Douglas - 317 / 340

101

卷之三



## DEPARTMENT OF CARDIOLOGY

SHRI GURU RAM RAI INSTITUTE OF MEDICAL & HEALTH SCIENCES  
PATEL NAGAR, DEHRADUN- 248001

### NON INVASIVE CARDIAC LAB

Name : Mr. Abhan Singh Age & Sex : 61yr / m

ID No. 8322251 Dated : 10-03-13

Doctor : Dr. Tanuj Bratia AM (Cardiology)

Procedure : TTE

---

### SUPER SPECIALITY HOSPITAL

---

Hospital Phones : (0135) 2522100, 2522200, 6672400, 6672648, 6672507, 6672579, Emergency No. 2522216, 2522300 Fax : (0135) 2720151  
Medical College Phones : 2522108, 2522110, 2522116, Fax : (0135) 2522117 E-mail : smi.hospital@gmail.com, Website : www.sgmhc.com



SGRR

Institute Of Medical  
& Health Sciences

Shri Mahant Indresh Hospital

## CENTRAL LABORATORY



MC-2546

Patient Name	Mr. Gabor Singh	Lab No	4126126
Age/Gender	61 Yr/Male	Report Stage	Final
UHID	2132291	Test Priority	Routine
Bed No/Ward	CFD	Collection Date & Time	11/03/2023 10:43AM
Referred By	PULMONARY MEDICINE	Receiving Date & Time	11/03/2023 10:43AM
Presc.Doctor	PULMONARY MEDICINE	Report Date & Time	11/03/2023 10:43AM

## CLINICAL PATHOLOGY

Test	Result	Biological Ref. Units	Method
Urine Examination (R/E)			
Sample Type	Urine		
Sample Quality	Satisfactory		
<b>PHYSICAL EXAMINATION</b>			
Colour	Yellow		Macroscopic Examination
Appearance	Clear		
<b>CHEMICAL EXAMINATION</b>			
REACTION	Acidic		
Specific Gravity	1.030	1.000 - 1.030	pHs change
Blood	Nil		Pseudoperoxidase
Protein	Nil		Protein Error of Indicators
Glucose	Nil		GOD-PGD
<b>MICROSCOPIC EXAMINATION</b>			
RBC	Nil		Centrifuged Sediment
Pus Cells	0-2	1 - 2	/hpf Microscopy
Epithelial Cells	0-2	1 - 2	/hpf Microscopy
Cast	Nil		Microscopy
Crystals	Nil		Microscopy
Bacteria	Nil		Microscopy
Budding Yeast / Pseudohyphae	Nil		
AMORPHOUS MATERIAL	Nil		



Farha

Dr. Amatullah Farha

Senior Resident

Printed By:7915

Entered By:Mr. Vinod Jakhmola

Print Date:11/03/2023 09:59

Page: 1 OF 6

Patel Nagar, Dehradun - 248001,  
Uttarakhand

Tel: 0135-2522222, 2522203, 2522200

NABL Accredited Laboratory.  
 Computer Generated Report, therefore do not require signature and not valid for Medico legal Purpose.  
 This results may show Interlaboratory variations or may be delayed due to unforeseen circumstances.



MC-2546

## CENTRAL LABORATORY

Patient Name	Mr. Gehar Singh	Lab No	4174126
Age/Gender	61 Yr/Male	Report Stage	Final
UHID	1332251	Test Priority	Routine
Bed No/Ward	OPE	Collection Date & Time	15/03/2023 10:45AM
Referred By	FULMONARY MEDICINE	Receiving Date & Time	15/03/2023 11:19AM
Presc.Doctor	FULMONARY MEDICINE	Report Date & Time	15/03/2023 11:35AM

## Reference Range Physical Examination

Color-Pale Yellow

Appearance-Clear

Reaction-Acidic

## Reference Range Chemical Examination

Blood-Negative

Ketone-Negative

Protein-Negative-Trace

Glucose-Negative

Bence Jones Protein-Negative

Urobilinogen-Negative

Bilirubin/Bile Pigment-Negative

## Reference Range Microscopic Examination

Cast-NIL

Crystals-NIL

Bacteria-NIL

Budding yeast/Pseudo hyphae-NIL

Amorphous Material-NIL

"End of Report"

Dr. Amatullah Fatha  
Senior Resident

Print Date: 15/03/2023 09:59

Printed By: 7915

Page 2 of 6

Patel Nagar, Dehradun - 248001,  
Uttarakhand

Tel : 0135-2522222, 2522203, 2522200

MNT NABL Accredited Laboratory.  
Computer Generated Report, therefore do not require signature and not valid for Medico legal Purpose.  
This results may show Interlaboratory variations or may be delayed due to unforeseen circumstances.

## CENTRAL LABORATORY



MC-256

Patient Name: Mr. Gajay Singh  
 Age/Gender: 61 Yrs/Male  
 Unit ID: 2332251  
 Bed No/Ward: OPD  
 Referred By: PULMONARY MEDICINE  
 Presc. Doctor: PULMONARY MEDICINE

Lab No.: 51004126  
 Report Stage: Final  
 Test Priority: Routine  
 Collection Date & Time: 11/03/2023 10:13 AM  
 Receiving Date & Time: 11/03/2023 10:13 AM  
 Report Date & Time: 11/03/2023 10:13 PM

Test	HAEMATOLOGY		Biological Ref. Units	Method
	Result	Interval		
Sample Type	Complete Haemogram/CBC			
Sample Quality	EDTA Blood			
HAEMOGLOBIN (Hb)	Satisfactory			
Total Leukocyte Count (TLC)	15.0 8600	13.0 - 17.0 4000 - 11000	gm/dl /cumm	Flow Cytometry/Electrical Impedance Automated/manual
DIFFERENTIAL LEUCOCYTE COUNT (DLC)				
Neutrophils	H 73.1	44.0 - 68.0	%	Flow Cytometry/VCS
Lymphocytes	L 14.8	25.0 - 48.0	%	Flow Cytometry/VCS
Monocyte	7.7	2.0 - 10.0	%	Flow Cytometry/VCS
Eosinophil	4.0	1.0 - 6.0	%	Flow Cytometry/VCS
Basophil	0.4	0.0 - 2.0	%	Flow Cytometry/VCS
RED BLOOD CELL COUNT (RBC)	H 5.52	4.50 - 5.50	millions/ cu.mm	Cytometry/VCS
PCV	47.0	40.0 - 50.0	%	Electrical Impedance
MCV	85.2	83.0 - 99.0	fL	Automated - calculated
MCH	27.3	27.0 - 32.0	pg	Automated - calculated
MCHC	32.0	31.5 - 34.5	gm/dl	Automated - calculated
Platelet Count	H 410	150 - 400	10^3/uL	Automated - calculated
RDW	H 14.70	11.60 - 14.10	CV%	Electrical Impedance Derived by RBC Histogram



Fareha

Dr. Anatulieh Farha

Senior Resident

Print Date: 11/03/2023 09:59

Printed By: 7915

Entered By: Ms. Meenakshi Lekhara

Page: 3 of 6

Patel Nagar, Dehradun - 248001,  
 Uttarakhand

Tel: 0135-2522222, 2522203, 2522200

NABL Accredited Laboratory.  
 Computer Generated Report, therefore do not require signature and not valid for Medical Legal Purpose.  
 This results may show interlaboratory variations or may be delayed due to unknown circumstances.

Patient Name	Mr. Gobind Singh	Lab No	415410
Age/Gender	61 Yr/Male	Report Stage	Prelim
UHID	1332731	Test Priority	Normal
Bed No/Ward	CPO	Collection Date & Time	10/01/2023 11:30AM
Referred By	PULMONARY MEDICINE	Receiving Date & Time	10/01/2023 11:30AM
Presc.Doctor	PULMONARY MEDICINE	Report Date & Time	10/01/2023 11:30AM

## BIOCHEMISTRY

Test	Result	Biological Ref. Units	Method
		Interval	
Sample Type	Plasma		
Sample Quality	Satisfactory		
Random Plasma Glucose (RPG)	94	< 140 mg/dl	GOD-POD (Dry Chemistry)

## LFT - LIVER PROFILE

Bilirubin Total (TBil), Serum	0.5	0.2 - 1.3 mg/dl	Dyphylline Method (Dry Chemistry)
Bilirubin Conjugated (Ibc), Serum	0.00	0.00 - 0.30 mg/dl	D-W Spectrophotometry (Dry Chemistry)
Bilirubin Delta, Serum	0.20	0.00 - 0.30 mg/dl	
Bilirubin Direct, serum	0.2	0 - 0 mg/dl	
Bilirubin Indirect, Serum	0.3	0.00 - 1.10 mg/dl	D-W Spectrophotometry (Dry Chemistry)
SGOT (AST), Serum	21	17 - 59 U/L	UV with PSP (Dry Chemistry)
SGPT (ALT), Serum	19	4 - 50 U/L	UV with PSP (Dry Chemistry)
Alkaline Phosphatase, Serum	94	38 - 126 U/L	PNPP (Dry Chemistry)
GGT, Serum	17	15 - 73 U/L	GGPNA (Dry Chemistry)
Total Protein, Serum	7.60	6.30 - 8.20 g/dl	Biuret (Dry Chemistry)
Albumin, Serum	3.80	3.50 - 5.00 g/dl	-SCG (Dry Chemistry)



Dr. Anshul Mohan Kala  
Assistant Professor

Printed By:7915

Entered By:Ms. Ekin

Print Date:11/03/2023 09:59

Page: 5 Of 6

Patient Name	Mr. Sabar Singh	Lab No	1126124
Age/Gender	61 Yrs/Male	Report Stage	Final
UHID	2337251	Test Priority	Priority
Bed No/Ward	CFO	Collection Date & Time	11/03/2023 10:13AM
Referred By	PULMONARY MEDICINE	Receiving Date & Time	11/03/2023 10:13AM
Presc.Doctor	PULMONARY MEDICINE	Report Date & Time	11/03/2023 10:13PM

Globulin, Serum	B	3.80	2.30 - 3.50	g/dl	Calculated Value
A/G Ratio (Albumin:Globulin), Serum		1.00			Calculated Value

## RFT - RENAL PROFILE (RFT / KPT)

Sample Type	Serum				
Sample Quality	Satisfactory				
Urea-Serum	26	19 - 43	mg/dl	Bioassay (Dry Chemistry)	
Creatinine, Serum	1.0	0.7 - 1.3	mg/dl	Enzymatic (Dry Chemistry)	
Uric Acid, Serum	6.7	3.5 - 8.5	mg/dl	Uricase (Dry Chemistry)	
Total Protein,Serum	7.60	6.30 - 8.20	g/dl	Bicuret (Dry Chemistry)	
Albumin, Serum	3.80	3.50 - 5.00	g/dl	BCC (Dry Chemistry)	
Globulin, Serum	B	3.80	2.30 - 3.50	g/dl	Calculated Value
Alkaline Phosphatase, Serum	94	38 - 126	U/L	PNPP (Dry Chemistry)	
Sodium, Serum	L	136	137 - 145	mmol/L	Direct ISE
Potassium, Serum		5.1	3.5 - 5.1	mmol/L	Direct ISE
Calcium , Serum		8.6	8.4 - 10.2	mg/dl	Arsenazo III (Dry Chemistry)
Phosphorus ,Serum		3.7	2.5 - 4.5	mg/dl	Phosphomolybdate (Dry Chemistry)
Cholesterol-Total, Serum	L	149	150 - 200	mg/dl	CHOD-PDO (Dry Chemistry)

End Of Report



Dr. Anshul Mohan Kala  
Assistant Professor

Printed By:7815

Entered By:Ms. Ekta  
Page: 6 of 6

Print Date:11/03/2023 09:59

Fateh Nagar, Dehradun - 248001,  
Uttarakhand

Tel : 0135-2522222, 2522203, 2522200

NAAC Accredited Laboratory.  
Computer Generated Report, therefore do not require signature and not valid for Medico legal Purpose.  
This results may show interlaboratory variations or may be delayed due to unforeseen circumstances.



CENTRAL LABORATORY



MC-2546

Patient Name	Mr. Gabbar Singh	Lab No	4183595
Age/Gender	60 Yrs/Male	Report Stage	Final
UHID	1359811	Test Priority	Routine
Bed No/Ward	OPD	Collection Date & Time	20/04/2023 11:46AM
Referred By	EMERGENCY	Receiving Date & Time	20/04/2023 10:43AM
Presc. Doctor	EMERGENCY	Report Date & Time	20/04/2023 11:33AM

BIOCHEMISTRY

Test	Result	Biological Ref. Units Interval	Method
LFT - LIVER PROFILE			
Sample Type	Serum		
Sample Quality	Satisfactory		
Bilirubin Total (TBil), Serum	0.9	0.2 - 1.3	mg/dl
Bilirubin Conjugated (Bc), Serum	0.00	0.00 - 0.30	mg/dl
Bilirubin Delta, Serum	H 0.50	0.00 - 0.30	mg/dl
Bilirubin Direct, serum	H 0.5	0 - 0	mg/dl
Bilirubin Indirect, Serum	0.40	0.00 - 1.10	mg/dl
SGOT (AST), Serum	29	17 - 59	U/L
SGPT (ALT), Serum	23	4 - 50	U/L
Alkaline Phosphatase, Serum	88	38 - 126	U/L
GGT, Serum	15	15 - 73	U/L
Total Protein, Serum	7.50	6.30 - 8.20	g/dl
Albumin, Serum	L 3.40	3.50 - 5.00	g/dl
Globulin, Serum	H 4.10	2.30 - 3.50	g/dl
A/G Ratio (Albumin:Globulin), Serum	0.83	-	Calculated Value



*[Signature]*

Dr. Farah Ahsan  
MBBS, Professor

Print Date: 21/04/2023 09:53

Printed By: H40875

Entered By: Priyanka Chauhan  
Page: 1 OF 2